Form **8871** 

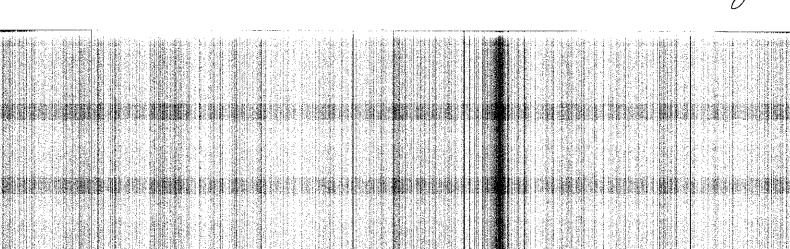
## Political Organization Notice of Section 527 Status

OMB No. 1545-1693

Department of the Treasur

1 Name of organization				
Employer identification number				
Friends of Mike Hanley  Mailing address (P.O. Box or mamber, street, and room or suite number)  Mailing address (P.O. Box or mamber, street, and room or suite number)				
203 S. Bates $9'/-2/(572)$				
City or town, state, and ZIP code				
Saginaw, MI 48602 3 E-mail address of organization	<u> </u>			
5 E-mai address of organization				
4a Name of custodian of records	4h Custo	odian's address		
Robert J. Hanley		413 Alice		
Robert U. Hanrey		***************************************		
5- November 1		inaw, MI 48602		
5a Name of contact person		I a contract to the second of		
Michael J. Hanley	*****	203 S. Bates		
	Sag	Saginaw, MI 48602		
6 Business address of organization (if	different from mailing address	shown above). Number, street, and room or suite number		
		220-09. Hamber, Sueet, and room or suite number		
City or town, state, and ZIP code				
Durana		- ON ACC		
Purpose 7 Describe the purpose of the organiza		HEUZIVED IN CORFIGS		
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A candidate commi	ee			
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		COSPILIE		
		OGDEN, Uir.		
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List of All Related Ent 8a Name of related entity	8b Relationship			
The street states	ob Relationship	8c Address		
HouseDems2000	Connected	P.O. Box 20007		
•		Cominger NT 40000		
		Saginaw, MI 48602		
•				
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or Paperwork Reduction Act Notice, see	page 4.	Cat. No. 30405V Form <b>8871</b> (7-2000)		
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List of All Officers,	Directors, and Highly Co	empensated Employees (see instructions)
9a Name	9b Title	9c Address
Michael J. Hanley	Candidate	203 S. Bates
		Saginaw, MI 48602
Robert J. Hanley	Treasurer	413 Alice
		Saginaw, MI 48602
		Mark Control of the C
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Under penalties of perjury, I o	declare that the organization named in	Part I is to be treated as an organization described in section 527 of the Internal ompanying schedules and statements, and to the best of my knowledge and belief,
it is true, correct, and comple	ete.	
_ Robert J. H	lanley Med	Khilen Joseph
Sign   Signature of authorized	- / 00-0	Date
Here		
	<b>⊗</b>	Form <b>8871</b> (7-2000)